

Iowa Operator Certification Reciprocity Application
Water Treatment, Water Distribution, Wastewater
Iowa Department of Natural Resources 502 East Ninth St. Des Moines IA 50319

Reciprocity Information: Phone # 515/725-0463 Fax #: 515/725-0348
E-mail: jane.enfield@dnr.iowa.gov

Type or Print Legibly

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street Number and Name) (PO Box Number)

(City) (State) (Zip)

Phone: _____
(Home) (Work)

Email: _____
(Cell)

I am applying for reciprocity for the following: (Circle the appropriate level.)
(Low to high)

Water Distribution	1	2	3	4
Water Treatment	1	2	3	4
Wastewater Treatment	1	2	3	4

I am a veteran as defined in Code of Iowa 35.1 Circle: Yes No
If yes, provide documentation to verify veteran status.

General Instructions:

- First time applicants must give Social Security Number: _____ - _____ - _____
- Incomplete or illegible applications will be returned unprocessed.
- All applications are subject to audit.

Each separate certificate request requires a \$30 processing fee.

- Make check or money order payable to **Iowa Department of Natural Resources** and mail the check and application to the following address:
Iowa DNR
Operator Certification
PO Box 14573
Des Moines, IA 50306-3573

I hereby certify that this application contains no willful misrepresentations of falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of: **Iowa Department of Natural Resources**

Signature in Ink

Date

CURRENT CERTIFICATION

<u>Certificate Held</u>	<u>Grade/Level of Certificate</u>	<u>Issued by What Program</u>	<u>Date Originally Issued</u>	<u>Date Expires</u>

Contact Person for Program where certified: _____

Phone Number: _____

EDUCATION

Do you have a high school diploma or GED? _____

<u>Name and Location of Post Secondary School</u>	<u>Field of Study</u>	<u>Type of Degree Obtained</u>

Note: A copy of transcripts must be attached for Post Secondary credit.

Continuing Education Courses (You may attach an Excel spreadsheet with additional CEUs if you wish.)

<u>Title & Location of Training</u>	<u>Dates</u>	<u># of CEUs Awarded</u>

Very Important Information for Completing the Employment Record on Page 3.

List your water or wastewater treatment work experience in detail **beginning** with your present or last employment and continuing in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, please list and describe them separately.

REMEMBER: The information you provide in “Duties” is used to determine your eligibility for reciprocity. You must describe your job in great detail so that we can fairly and accurately evaluate your employment history.

“Operator in Charge” means person or persons on-site directly responsible for a plant or distribution system.

“Direct Responsible Charge” means, where shift operation is not required, accountability for and performance of active, daily on-site operation of the plant, or of a major segment of a plant. Where shift operation is required, “direct responsible charge” (DRC) for operators means accountability for and performance of active, daily on-site operation of an operating shift, or a major segment of the plant.

A city manager, superintendent of public works, city clerk, council member, business manager, or other administrative official is not deemed to have direct responsible charge of a system or facility or to be the operator in charge of a system or facility unless their duties include the active, daily on-site operation of the system or facility. (On-site operation may not necessarily mean full-time attendance at the plant or distribution system.)

EMPLOYMENT RECORD

Job Title _____ Supervisor _____ DNR Notes
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____
Duties: (Be Specific)

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____

To whom did you report? _____
(Name) Phone Number

Job Title _____ Supervisor _____ DNR Notes
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____
Duties: (Be Specific)

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____

To whom did you report? _____
(Name) Phone Number

Job Title _____ Supervisor _____ DNR Notes
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____
Duties: (Be Specific)

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____

To whom did you report? _____
(Name) Phone Number

(If you need more room for your employment history, please add a sheet.)

IDNR Use Only

Reciprocity Granted for the following: _____

Eligible for Iowa Exam: _____

Notes:

Evaluated By: _____

Date: _____